Connecticut Community KidCare

STATUS REPORT

A
Quarterly Report Submitted to

THE CONNECTICUT GENERAL ASSEMBLY

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Purpose:

This document serves as the seventh quarterly report issued by the Departments of Children and Families and Social Services regarding the status of the children's behavioral health program, Connecticut Community KidCare. As required by PA01-2, this document serves to update the General Assembly on the progress of this system reform.

Programmatic Update:

Connecticut Community KidCare is the state funded and supported children's behavioral health system that provides services to children and youth who are experiencing behavioral health difficulties. Through a range of community based services, children with complex behavioral health needs are provided with individualized treatment plans that combine clinical services with non-traditional support services in an effort to enhance their ability to succeed in home, school and community. To that end, DCF has developed and funded a network of providers who, in concert with families, provide crisis intervention, home-based services, extended day treatment and care coordination services to those children whose behavior put them at risk for hospital or residential levels of care. The following narrative reflects activity within the service system for the period covering **January 1, 2004 through March 30, 2004.**

Mobile Crisis Teams:

The statewide network of sixteen mobile crisis units continues to respond to urgent calls from parents/caregivers, school personnel and others who are calling for help with a child they believe to be in crisis. **1351** calls were received during the third quarter of FY'04. Of these calls, **393** (29%) resulted in telephone contact only as the caller was seeking information on services or advice on how to handle a non-emergent situation. The mobile teams responded directly to **643** calls (47.5%) by providing direct face-to-face evaluation and support provided in the child's home, school, shelter or other setting chosen by the caregiver. The remaining **315** calls (23%) resulted in contact provided in a clinic or emergency room setting.

Since July '02, when the program first began to provide services, the mobile teams have responded to over **8140** calls. Consistently, 34% of the calls have come from parents and caregivers, while 27% of the calls have come from school personnel. The majority of youth seen (81%) were living with their biological families at the time of the referral, and most (72%) were not known to DCF. Statewide, 4% of the children served have been under the age of 5. Clearly, the general public is a high utilizer of this program and this suggests that the KidCare initiative is indeed reaching children and families outside the purview of the child welfare and juvenile services systems. While the numbers of children served increases incrementally with each passing quarter of service, the percentages reflected above remain surprisingly consistent, suggesting some stability across service usage.

In addition to responding to immediate crisis situations, the teams have provided ongoing support to children and their families until they can be linked to more permanent sources of treatment. Approximately 39 % of all the children seen by the EMS teams are provided with support services for one month or more. The ability to provide this follow-up service has allowed more children to remain in the community and avoid hospital level care. To date, only 10% of the children served by the mobile teams have required inpatient admission.

Care Coordination:

Care Coordinators continue to provide assistance to families who need help organizing their child's treatment and identifying appropriate services. **172** children were admitted to this service during this quarter out of a total of **272 served.** Year to date figures indicate that **681** children have received care coordination services thus far in FY'04. These services are provided by 60 care coordinators who work closely with the 27 Community Collaboratives (Local Systems of Care). All Care Coordinators are currently operating with full caseloads. As such, there is a waiting list for this service. To compensate, many Care Coordinators are educating referred families about alternative resources, and helping parents establish contacts with family advocacy organizations who can provide additional support while parents wait for specific care coordination services.

Crisis Stabilization Units:

Crisis Stabilization Units were developed to assist youngsters in crisis who need extensive evaluation and support but who do not meet criteria for psychiatric hospitalization. The two programs, one, located on the UCONN Health Center campus (operated in collaboration with Wheeler Clinic) and one on the campus of the Children's Center in Hamden, opened in June '03. These two programs served **55** children during this reporting period. Of the 24 children served by the Wheeler Clinic program, 19 were DCF involved. The Children's Center served 31 children, 8 of whom were DCF involved. Only 11% of the total pool of children receiving this service during this reporting period required a higher level of care (hospital or residential treatment).

Client and caregiver satisfaction surveys indicate that children and families would like the service to extend beyond the prescribed 15-day program (although stays often are extended if clinically indicated). Children who have utilized the services of the Wheeler Program have spontaneously called staff to update them on their progress following discharge, indicating their level of comfort and attachment to the staff who cared for them. Both of these anecdotal findings suggest that both programs are well received by the children and caregivers who have used them.

The time required to place a child into foster care or residential care from Crisis Stabilization remains a significant challenge for both programs. Discharge back to the family of origin is obviously much easier to achieve.

Intensive Home-Based Services:

Intensive Home-based services are provided through 24 separate contracts with clinical providers throughout the state. Using best practice and evidenced based models, teams of clinicians and paraprofessionals work intensively with families who have a youngster

who is at risk for out-of-home placement. These services continue to be supported by funds within the KidCare allocation and through additional funds provided by the Mental Health Strategy Board. Two agencies have elected to discontinue their home-based programs because of financial difficulties associated with the costs of maintaining the programs. This level of care has yet to be fully supported by commercial insurance or Medicaid Managed Care organizations. Efforts are being made to assure community based services are included in the continuum of care supported by third party revenue and DCF is working within its own budget to sustain these valuable programs.

Extended Day Treatment:

DCF has begun to collect data from Extended Day Treatment providers. These services are designed to help children make the transition back to community based settings from hospital or residential levels of care, or to prevent admission to these restrictive settings. DCF has a total of 22 providers who offer after school programming for children comprised of a clinical mix of traditional therapeutic services such as individual and family therapy, group activities, parent guidance and psychiatric evaluation, along with recreational activities designed to assist the youth in adjusting to more normalized activities within the community at large. The Department will be able to report findings from this service once all providers are fully participating in the data collection process.

Administrative Update:

For the past two years, the Department of Children and Families (DCF), the Department of Social Services (DSS) and the Department of Mental Health and Addiction Services (DMHAS) have been working together to develop a jointly operated state funded behavioral health care system through the establishment of the Behavioral Health Partnership (BHP). The BHP would allow for integrated funding, planning and administration of the state's publicly funded behavioral health network. These administrative steps are necessary to fully implement the systemic benefits of KidCare and to more fully utilize the initiatives described above.